

2004 Diabetes Information and Resources for Maricopa County Employees

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Diabetes Worldwide Will Double

China, India, U.S. to top list

Anita Manning, USA Today, April 26, 2004

The number of people in the world with diabetes is expected to more than double by 2030, and India, China and the United States will lead the countries with the most cases, a report said Sunday.

Researchers estimate that 366 million people, or 4.4 percent of the world's population, will be diabetic by 2030, up from 171 million, or 2.8 percent of the population, in 2000. The increase is attributed primarily to population changes, including growth in the number of people older than 65, researchers say.

The projections don't assess the effect of rising obesity rates in developed countries, so they "are almost certainly underestimates," says Sarah Wild of the University of Edinburgh in Scotland, lead author of the study in the May issue of *Diabetes Care*, a journal of the American Diabetes Association.

The new estimates find that levels of diabetes are climbing faster than previously thought, the researchers say, underscoring "the growing public health burden of diabetes."

In the United States, the national Centers for Disease Control and Prevention had predicted 29 million diagnosed diabetics by 2050. But the new study, which includes undiagnosed cases, projects a steeper rise to 30.3 million by 2030.

Obesity and lack of exercise are risk factors for diabetes, as are age, ethnicity and family history. Diabetes results from the body's inability to produce enough insulin or to use it efficiently. ♦

Champion

Diabetes

Diabetes affects almost 16 million Americans, with approximately 798,000 new cases diagnosed per year.¹ Moreover, these numbers are rising with the aging population and the increase in overweight or obese people. The statistic is difficult to believe: Up to one-third of those people with diabetes are not even aware that they have this disease, frequently called the “silent killer.” Many patients learn they have diabetes only after their eyes, nerves, or kidneys begin to fail due to complications of diabetes.²

Diabetes is expensive. Approximately 15 percent of total healthcare dollars are spent annually on diabetes: \$44 billion for diabetes-related medical costs and \$54 billion on indirect costs, such as lost workdays and reduced productivity.³

Prevention of diabetes and/or early diagnosis and treatment are vital to increasing patient wellness and reducing expense. Educating yourself is the key to identifying whether you or

a loved one is at risk; and it's the first step in combating the complications associated with diabetes.

Glossary

- **Diabetes**—a disease in which the body cannot get appropriate energy from food
- **Type 1 diabetes**—a disease that develops when the pancreas stops making insulin; patients with Type 1 diabetes cannot live without daily insulin injections
- **Type 2 diabetes**—a disease that develops when the pancreas does not make enough insulin, or the body cannot properly use the insulin produced; generally occurs later in life and is commonly weight-related
- **Glucose**—a type of sugar found in the blood that is used as an energy source for the body
- **Hemoglobin A_{1C} (HbA_{1C})**—represents the glycosylated hemoglobin test, which measures the amount of sugar in the blood over the last two to three months
- **Hyperglycemia**—a blood sugar level that is abnormally high
- **Hypoglycemia**—a blood sugar level that is abnormally low
- **Insulin**—a hormone produced

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by the pancreas that helps the body use glucose for energy

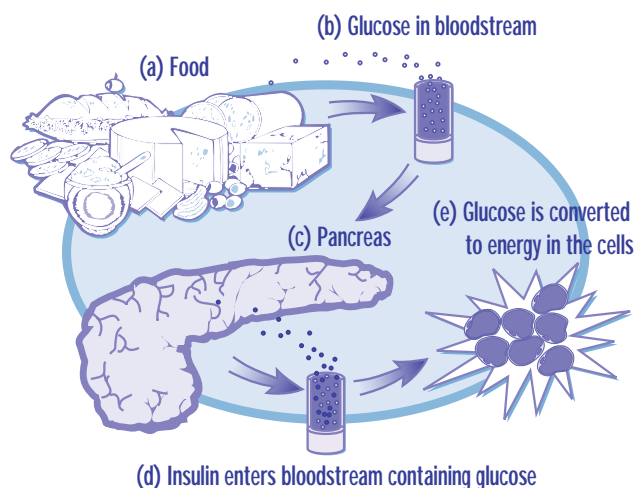
- **Pancreas**—a large, lobed gland situated behind the stomach that produces insulin and digestive enzymes

What Is Diabetes?

Every day, the body converts food into glucose (sugar) for energy to do normal activities such as reading, walking, even breathing. Blood glucose is regulated by a hormone called insulin that is made in the pancreas. This hormone helps glucose enter body cells where it is converted to energy (see Illustration 1, below). When this conversion from food to energy does not work—either the pancreas does not produce insulin adequately or the cells cannot accept glucose for use—a person is diagnosed with diabetes.

Illustration 1: Glucose Metabolism

The digestive system breaks food down into simple sugars (glucose) and is absorbed into the bloodstream (a-b). Next, the pancreas produces and secretes insulin, the hormone that regulates blood glucose levels and transports glucose from the bloodstream to the body's cells (c-d). The cells convert and use glucose as energy (e).



Under normal circumstances, your blood glucose levels change constantly. After a meal, the glucose level rises. If you have not eaten for several hours or skip a meal, your blood glucose level may be low. Exercise can also affect the blood glucose level. A person with diabetes may have high glucose levels in the blood for long periods, yet may experience decreased energy because glucose cannot get inside the body cells and be used as energy.

Two Types of Diabetes

There are two types of diabetes: Type 1 and Type 2. Type 1 diabetes commonly is referred to as juvenile onset or insulin-dependent.

In Type 1 diabetes, the pancreas does not produce insulin; patients must receive insulin injections on a daily basis. Type 1 diabetes usually is diagnosed at a young age and accounts for nearly 10 percent of the people with diabetes.⁴

If a person with Type 1 diabetes has prolonged high blood sugar levels, a condition called diabetic ketoacidosis may occur. This very serious condition may result in loss of consciousness or even death. Diabetic ketoacidosis is caused when body cells do not receive glucose and must instead use fat for energy. Poisonous ketones are produced when too much fat is broken down in the body too quickly. A doctor should be called immediately if a person with diabetes exhibits very high blood glucose levels; has nausea, vomiting, or abdominal pain; or feels confused and drowsy.

In Type 2, or adult onset, diabetes, either the pancreas cannot make enough insulin for the body's needs or the body's cells cannot use the insulin properly. Type 2 diabetes often is diagnosed later in life (usually after age 45) and accounts for 90 percent to 95 percent of diabetes cases. Type 2 diabetes develops slowly over time. There may be few, if any, symptoms, and these symptoms may not be recognized as warning signs. Knowing what to look for and having regular blood tests for diabetes are important parts in early detection or prevention of this disease.

Symptoms and Complications of Diabetes

When the body doesn't produce or use insulin properly, blood glucose levels may become too high because glucose needs insulin to leave the blood and enter the cells. When blood glucose levels are excessively high, hyperglycemia results.

Symptoms of hyperglycemia include:

- extreme thirst
- excessive hunger
- sudden weight loss
- frequent urination
- fatigue
- nausea, vomiting, or abdominal pain
- blurred vision.

The above symptoms may mean you have diabetes that is not being controlled properly. A change in lifestyle (diet or exercise) or medication may be necessary to help control your diabetes. Please see your doctor if you experience one or more of the above symptoms.

Prolonged hyperglycemia may affect other areas of the body, including the heart, kidneys, eyes, and feet. In uncontrolled hyperglycemia, excess glucose deposits can build up in small arteries throughout the body (especially in the eyes, heart, and feet), causing poor circulation that can lead to permanent damage—and may even require amputation. Diabetes is the leading cause of blindness in adults and increases the risk for cataracts and glaucoma because of these build-ups.⁵ Diabetes also is the leading cause of kidney disease, which can require dialysis treatment or kidney transplants.⁶ People with diabetes also are two to four times more likely to develop heart disease. Other possible complications include foot ulcers, loss of sensation in the hands or feet, difficulty with digestion, and high cholesterol. By maintaining normal blood glucose levels, persons with diabetes may prevent these complications.

Similarly, if the blood glucose level becomes too low or the body has too much insulin, hypoglycemia results. Any of the following symptoms may indicate hypoglycemia:

- Dizziness
- Shakiness
- Anxiety
- Excessive sweating

- Excessive hunger
- Blurred vision
- Confusion

If you are a person with diabetes and experience hypoglycemia, eating certain foods can help increase your blood glucose level quickly. Try eating sugar tablets (sold at your local pharmacy), a half-cup of regular soda pop (not diet), or a half-cup of juice. Hard candy such as Life-Savers™ also works well if needed. Persons with diabetes should carry candy or sugar tablets at all times, in case hypoglycemia occurs. If not treated properly, severe hypoglycemia can result in loss of consciousness or even death.

Who Is at Risk?

When certain factors are present, the potential to develop diabetes is higher. Some risk factors include the following:

- Strong family history: people with family members who have diabetes
- Obesity: increases the risk of Type 2, or adult onset, diabetes (those with a body mass index, or BMI, of more than 30)
- Age: risk for diabetes increases with age
- Race: higher incidence found in African-American women, Hispanics, and Native Americans
- Inactive lifestyle: lack of exercise can place a person at risk
- Pregnancy: a woman having a baby weighing more than 9 pounds at birth

Testing for Diabetes

A common test is the fasting blood glucose test. This test is performed after the person has fasted (not eaten) for at least eight hours. Normal fasting blood glucose levels should be between 80 mg/dl and 120 mg/dl. This test is commonly used for the initial diagnosis of diabetes.

Managing Diabetes

It is critical that you make meaningful lifestyle changes if you have been diagnosed with diabetes. It has been scientifically proven that complications may be delayed and/or prevented in persons who maintain tight control of their blood glucose

levels.⁷ Talk to your doctor about ways to make positive changes in your lifestyle to better manage your condition.

Diet

To manage blood glucose levels, include a variety of high-fiber foods such as fruits and vegetables in your daily diet. Grains and beans are also nutritious and high in fiber. Good snacks include pretzels, low-fat crackers, carrots, and celery sticks. Avoid high-fat or high-sugar foods if possible. High-fat foods include meat and animal products, cheese, bacon, and butter. Selecting lean cuts of skinless chicken, beef, veal, or pork will reduce the amount of fat in meats. Try low-fat or skim milk instead of whole milk. In place of high-sugar sweets, try frozen juice bars, nonfat frozen yogurt, or skim milk pudding.

Having diabetes does not mean you cannot have sugar. People with diabetes can have sugar as long as sugar calories are carefully monitored as part of a healthy diet. A proper diet helps to maintain healthy body weight, normal blood glucose levels, and normal cholesterol levels. Talk to your doctor or healthcare provider about a diet that fits your lifestyle.

Exercise

Exercise improves overall fitness and reduces the risk for high blood pressure, high cholesterol, and diabetes. Exercise also improves the body's ability to use glucose for energy. A good combination of diet and exercise can help you better manage diabetes. Ask your doctor to help you develop a personal exercise regimen.

Monitoring

The goal of diabetes care is to ensure that blood glucose levels remain within a desired range, thereby preventing diabetic complications. One of the most important tools used in managing diabetes is monitoring blood glucose levels. Your doctor will help decide what glucose range is right for you. Several blood glucose meters are available at local pharmacies to help measure, record, and track these levels. Ask your doctor or pharmacist which meter best fits your management plan.

There are several important considerations when using a blood glucose meter:

- Discuss with your doctor or pharmacist how often to test blood glucose levels.
- Read the manufacturer's instructions carefully.
- Wash the testing site carefully with soap and water to prevent infection.
- When using an alcohol wipe to clean your finger, make sure your finger is completely dry before testing blood; alcohol may change the results of the blood test.
- Change the test site as needed to prevent one area from becoming sore. Try using the side of the fingertip.
- Store blood glucose strips in a cool, dry place.
- Do not use expired strips.
- Record your levels! Take your log book to each doctor's appointment.

Keeping a record of your blood glucose levels can help you maintain control of your diabetes. Your doctor will use these readings to determine if medication adjustments are necessary. Levels within the desired range give you more energy and help you feel better! You also reduce your chances of long-term complications by noting when your glucose levels are high. Talk to your doctor or pharmacist about how often to test, what time of the day to test, and what to do when you experience symptoms of hyperglycemia or hypoglycemia.

Hemoglobin A_{1C} (HbA_{1C})

In addition to self-monitoring, doctors often use a test called a glycosylated hemoglobin test, or HbA_{1C}, to evaluate the percentage of glucose levels found in the blood over the preceding three months. The normal test result is between 3 percent and 7 percent; results above 7 percent may indicate uncontrolled glucose levels over the past two to three months. Persons with diabetes should have a HbA_{1C} test at least twice each year.

Other Management Tips

There are several other key steps to good diabetes care:

- If you are overweight, talk to your doctor about an appropriate weight-loss program.

- Avoid alcohol.
- Have regular blood pressure and cholesterol readings.
- Get a yearly flu shot to stay healthy.
- Have your eyes and kidney function checked yearly.
- Take care of your feet! Diabetes can affect the circulation of blood to your feet. This means you may not feel pain if you hurt your feet or toes. Make sure you wash and examine your feet each day and apply a moisturizer to dry skin. File your toenails instead of cutting them. Select footwear carefully; try to avoid tight shoes that may cause blisters. For persons with diabetes, any sores that develop may take longer to heal and cause serious problems.
- Ask your doctor or pharmacist about what to do if you should become ill (cold, flu, etc.). In addition, your glucose levels may change when you are sick, and more frequent monitoring of your blood glucose levels may be necessary.
- Avoid tobacco products. Your physician can help you find a smoking cessation program that is right for you.
- Ask questions! Diabetes is a complex disease with devastating complications. Ask your doctor, nurse or pharmacist if you are unsure. Education is the key to success.

Medications Available for Diabetes

There are several types of medication available that control blood glucose levels. Depending on the type and severity of diabetes, your doctor will decide if diet and exercise, oral medication, insulin, or a combination of these is right for you.

Oral Medications

Oral medications work by helping to increase the release of insulin from the pancreas and/or help body cells to use glucose for energy. Sulfonylureas are a class of medication that can be used for Type 2 diabetes. Examples of this type of medication include Micronase®, Diabeta®, and their generic form glyburide; Glucotrol® and its generic form glipizide; Glucotrol XL®; and Amaryl®.

Glucophage® and its generic—metformin—are medications also used for Type 2 diabetes. They may be helpful by themselves or in combination with other oral medications or insulin. A new medication called Glucovance™ is a combination of Glucophage and glyburide. Precose®, Prandin®, Actos®, and Avandia® are newer medications available for Type 2 diabetes. Your doctor will recommend the appropriate medication.

It is extremely important to take your diabetes medication as directed by your doctor. Ask your doctor or pharmacist any questions you may have about your oral diabetes medication.

Insulin

Insulin therapy is used to treat Type 1 diabetes and some Type 2 diabetes. Insulin injections can be given once or several times a day, based on the patient's lifestyle and the required dose.

There are different types of insulin available: Some work very quickly, some work over a long period, and some types work at various lengths of time. When mixing two insulins together, the clear insulin (regular or fast-acting) should always be drawn up into the syringe first, followed by the cloudy insulin (NPH or long-acting). Insulin is given by subcutaneous injection (under the skin) into the abdomen, thigh, arm, or buttocks. Patients should rotate their injection site in order to prevent bruising or tenderness.

Diet must be carefully maintained when using insulin. Taking insulin without eating shortly thereafter can cause hypoglycemia and make you feel sick. You may need to monitor your blood glucose more frequently if you take insulin, especially in times of illness or when planning to exercise. Talk to your doctor or pharmacist about meal planning, blood glucose monitoring, and safe insulin injection.

Preventing Diabetes

The same management tips for controlling diabetes apply to preventing diabetes. A healthy diet and exercise are important keys to preventing diabetes. Weight control is very important, as obesity is a major factor in the development of Type 2 diabetes. It also is important to identify

risk factors and have a blood glucose test done regularly. Educate yourself and loved ones about the symptoms of hyperglycemia/hypoglycemia. Symptoms of diabetes often go unnoticed and initially may not affect daily activities. A blood test will help your doctor to determine your risk for diabetes and facilitate early detection.

Conclusion

If left uncontrolled, diabetes can have seriously harmful effects on the body. Blindness, heart disease, poor circulation, and kidney failure are just some of diabetes' devastating effects. However, effective tests and treatment options are available to help identify and control this disease. Educate yourself and your loved ones about risk factors and symptoms, and follow a healthy diet and exercise program. These are the keys to preventing diabetes or at least keeping the disease under control and avoiding complications.

Resources

The following organizations may be able to provide you with more information regarding diabetes and its treatment:

- American Diabetes Association
1660 Duke St.
Alexandria, VA 22314
www.diabetes.org
- Centers for Disease Control
Division of Diabetes
1600 Clifton Rd., NE
Atlanta, GA 30333
www.cdc.gov/diabetes
- International Diabetes Federation
1 rue Defacqz
B - 1000 Brussels
Belgium

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Champion

Diabetes

La diabetes afecta a casi 16 millones de estadounidenses y cada año se diagnostican aproximadamente 798,000 casos nuevos.¹ Además, estas cifras están aumentando al envejecer la población y al haber cada vez más personas excedidas de peso u obesas. Las estadísticas son difíciles de creer: ¡hasta un tercio de las personas diabéticas ni siquiera saben que tienen la enfermedad! A menudo se llama a la diabetes “el asesino silencioso”. Muchos pacientes recién se enteran de que tienen diabetes cuando les empiezan a fallar la vista, los nervios o los riñones debido a complicaciones relacionadas con la enfermedad.²

La diabetes es costosa. Aproximadamente el 15 por ciento del total del presupuesto para la atención de la salud se gasta todos los años en la diabetes: \$44 mil millones en costos médicos relacionados con la diabetes y \$54 mil millones en costos indirectos, como ausentismo laboral y reducción de la productividad.³

La prevención de la diabetes y/o el diagnóstico y tratamiento tempranos son de vital importancia para aumentar el bienestar de los pacientes y reducir los gastos. La educación es la clave para determinar si usted o alguno de sus seres queridos está en riesgo y es el primer paso para combatir las complicaciones relacionadas con la diabetes.

Glosario

- **Diabetes**—una enfermedad en la cual el cuerpo no puede obtener la energía necesaria de los alimentos.
- **Diabetes tipo 1**—una enfermedad que se produce cuando el páncreas deja de producir insulina. Los pacientes con diabetes tipo 1 no pueden vivir sin inyecciones diarias de insulina.
- **Diabetes tipo 2**—una enfermedad que se produce cuando el páncreas no produce la cantidad suficiente de insulina o el cuerpo no puede usar adecuadamente la insulina producida; suele presentarse en la madurez y por lo general está relacionada con el peso.

Este ejemplar de Walgreens Health Initiatives Care Management Champion se ofrece como un servicio de asistencia para los profesionales de Recursos Humanos, Beneficios y Farmacia. El contenido fue elaborado para promover la toma de conciencia y para informar a los pacientes sobre temas importantes relacionados con la salud. Esta publicación puede ser reproducida por nuestros clientes con fines educativos.

- **Glucosa**—un tipo de azúcar que se encuentra en la sangre y que el cuerpo usa como fuente de energía.
- **Hemoglobina A_{1C} (HbA_{1C})**—representa la prueba de la hemoglobina glucosilada, que mide la cantidad de azúcar presente en la sangre durante los últimos dos o tres meses.
- **Hiper glucemia**—un nivel de azúcar en la sangre que es anormalmente alto.
- **Hipoglucemia**—un nivel de azúcar en la sangre que es anormalmente bajo.
- **Insulina**—una hormona producida por el páncreas que ayuda al cuerpo a usar la glucosa como fuente de energía.
- **Páncreas**—una glándula grande con forma de lóbulo situada detrás del estómago, que produce insulina y enzimas digestivas.

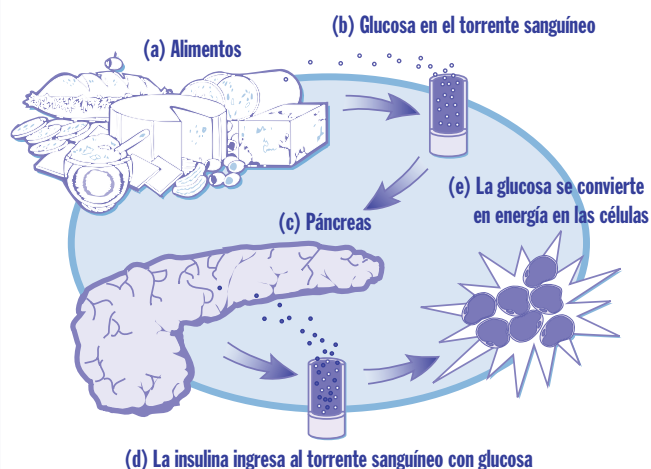
¿Qué es la diabetes?

Todos los días el cuerpo convierte los alimentos en glucosa (azúcar) para obtener la energía necesaria para realizar actividades normales como leer, caminar, incluso respirar. La glucosa en la sangre es regulada por una hormona producida por el páncreas que se llama insulina. Esta hormona ayuda a la glucosa a entrar en las células del cuerpo donde se convierte en energía (ver Ilustración 1). Cuando esta conversión de alimentos en energía no funciona porque el páncreas no produce insulina adecuadamente o porque las células no pueden aceptar la glucosa para utilizarla, se diagnostica que una persona tiene diabetes.

En circunstancias normales, los niveles de glucosa en la sangre cambian constantemente. Después de una comida, el nivel de glucosa aumenta. Si usted no ha comido durante varias horas o se saltó una comida, su nivel de glucosa en la sangre puede estar bajo. La actividad física también puede afectar el nivel de glucosa en la sangre. Un diabético puede tener altos niveles de glucosa en la sangre durante periodos prolongados, y sin embargo, experimentar una disminución de la energía porque la glucosa no puede entrar en las células del cuerpo y ser utilizada como energía.

Ilustración 1: Metabolismo de la glucosa

El sistema digestivo descompone los alimentos en azúcares simples (glucosa) los cuales pasan al torrente sanguíneo (a-b). A continuación, el páncreas produce y secreta insulina, la hormona que regula los niveles de glucosa en la sangre y transporta la glucosa del torrente sanguíneo a las células de cuerpo (c-d). Las células convierten la glucosa y la usan como energía (e).



Dos tipos de diabetes

Existen dos tipos de diabetes: tipo 1 y tipo 2. La diabetes tipo 1 se denomina comúnmente como diabetes juvenil o insulino dependiente.

En la diabetes tipo 1 el páncreas no produce insulina; los pacientes deben recibir inyecciones de insulina diariamente. Por lo general, la diabetes tipo 1 se diagnostica a una edad temprana y afecta a casi el 10 por ciento de los pacientes diabéticos.⁴

Si un diabético tipo 1 tiene niveles altos de azúcar en la sangre durante un tiempo prolongado, puede producirse una afección llamada cetoacidosis diabética. Se trata de una afección muy grave que puede causar pérdida del conocimiento e incluso la muerte. La cetoacidosis diabética se produce cuando las células del cuerpo no reciben glucosa y deben recurrir a la grasa para obtener energía. Cuando el cuerpo descompone una gran cantidad de grasa con

demasiada rapidez se producen cetonas tóxicas. Se debe llamar al médico inmediatamente si un diabético presenta niveles muy elevados de glucosa en la sangre, náusea, vómitos o dolor abdominal, o se siente confundido o somnoliento.

En la diabetes tipo 2, o que comienza en la madurez, el páncreas no puede producir suficiente insulina para las necesidades del cuerpo, o bien las células del cuerpo no pueden usar la insulina correctamente. La diabetes tipo 2 a menudo se diagnostica en la madurez (por lo general después de los 45 años) y representa el 90 a 95 por ciento de los casos de diabetes. La diabetes tipo 2 se desarrolla lentamente a lo largo del tiempo. Los síntomas pueden ser muy pocos o inexistentes y pueden pasar desapercibidos como señales de advertencia. Saber a qué estar atento y hacerse análisis de sangre periódicamente para detectar la diabetes es una parte importante en la detección temprana o la prevención de esta enfermedad.

Síntomas y complicaciones de la diabetes

Cuando el cuerpo no produce o no utiliza la insulina adecuadamente, los niveles de glucosa en la sangre pueden tornarse muy altos, debido a que la glucosa necesita insulina para salir de la sangre y entrar en las células. Cuando los niveles de glucosa en la sangre son excesivamente altos se produce hiperglucemia.

Los síntomas de hiperglucemia incluyen:

- sed extrema
- hambre excesiva
- pérdida repentina de peso
- necesidad de orinar frecuentemente
- cansancio
- náuseas, vómitos o dolor abdominal
- visión borrosa.

Los síntomas arriba mencionados pueden indicar que usted tiene diabetes que no está siendo controlada debidamente. Quizás sea necesario un cambio en su estilo de vida (dieta o ejercicio) o medicación para ayudar a controlar su diabetes. Por favor, consulte a su médico si tiene uno o más de los síntomas anteriormente mencionados.

La hiperglucemia prolongada puede afectar otras partes del cuerpo, como el corazón, los riñones, los ojos y los pies. Si la hiperglucemia no se controla, la glucosa excedente puede depositarse en las arterias pequeñas de todo el cuerpo (especialmente en los ojos, el corazón y los pies) causando mala circulación que puede producir daños permanentes, e incluso puede requerir la amputación. La diabetes es la principal causa de ceguera en los adultos y el riesgo de cataratas y glaucoma aumenta debido a estos depósitos.⁵ La diabetes es también la principal causa de insuficiencia renal, que puede requerir tratamiento de diálisis o transplante de riñón.⁶ Los pacientes con diabetes también tienen de dos a cuatro veces más probabilidades de desarrollar una enfermedad cardíaca. Otras complicaciones pueden incluir lesiones (úlceras) en los pies, pérdida de sensibilidad en las manos o los pies, trastornos digestivos y colesterol elevado. Si mantienen normales los niveles de glucosa en la sangre, los diabéticos pueden evitar estas complicaciones.

En forma similar, si el nivel de glucosa en la sangre se torna demasiado bajo o el cuerpo tiene mucha insulina, se produce hipoglucemia. Cualquiera de los siguientes síntomas puede indicar hipoglucemia:

- mareos
- temblores
- ansiedad
- sudor excesivo
- hambre excesiva
- visión borrosa
- confusión

Si usted padece de diabetes y experimenta hipoglucemia, comer ciertos alimentos puede ayudar a aumentar rápidamente su nivel de glucosa en la sangre. Pruebe tomar comprimidos de azúcar (que se venden en su farmacia local), media taza de una bebida gaseosa (no dietética) o media taza de jugo. Los caramelos dulces, como los Life-Savers™, también funcionan si es necesario. Los diabéticos deben llevar consigo dulces o comprimidos de azúcar en todo momento, en caso de que se les produzca

hipoglucemia. Si no se trata adecuadamente, la hipoglucemia grave puede causar la pérdida del conocimiento o incluso la muerte.

¿Quién está en riesgo?

Cuando están presentes ciertos factores, las posibilidades de desarrollar diabetes son mayores. Algunos factores de riesgo incluyen:

- Marcados antecedentes familiares: las personas con familiares cercanos que padecen de diabetes
- Obesidad: aumenta el riesgo de diabetes tipo 2, o que comienza en la madurez (las personas con un Índice de Masa Corporal o BMI mayor de 30)
- Edad: el riesgo de diabetes aumenta con la edad
- Raza: se observa una mayor incidencia en las mujeres afroamericanas, los hispanos y los indígenas americanos
- Estilo de vida pasivo: la falta de actividad física puede poner a una persona en riesgo
- Embarazo: una mujer que tenga un bebé que pese más de 9 libras al nacer

Pruebas de diabetes

Una prueba común es la prueba de glucosa en la sangre realizada en ayunas. Esta prueba se hace por la mañana después de que una persona ha ayunado (no ha comido) durante aproximadamente 8 horas. Los niveles de glucosa en la sangre en ayunas deben ser de 80 a 120 mg/dl. Esta prueba suele utilizarse para el diagnóstico inicial de la diabetes.

El control de la diabetes

Es muy importante que haga cambios significativos en su estilo de vida si le han diagnosticado diabetes. Se ha comprobado científicamente que las complicaciones se demoran y/o previenen en las personas diabéticas que mantienen sus niveles de glucosa en la sangre estrictamente dentro de los límites recomendados.⁷ Consulte a su médico acerca de qué cambios positivos puede hacer en su estilo de vida para controlar mejor su enfermedad.

Dieta

Para controlar los niveles de glucosa en la sangre incluya en su dieta diaria una variedad de alimentos con alto contenido de fibra, tales como frutas y vegetales. Los granos y frijoles son también nutritivos y tienen un alto contenido de fibra. Algunos bocadillos aceptables son los pretzels, las galletas saladas de bajo contenido de grasa, las zanahorias y los trocitos de apio. En lo posible evite los alimentos con alto contenido de grasa y de azúcar. Los alimentos con alto contenido de grasa incluyen la carne y los productos derivados de animales, queso, tocino y mantequilla. Seleccionar cortes magros de carne vacuna, de pollo sin pellejo, de ternera o de cerdo ayuda a reducir la cantidad de grasa de las carnes. Consuma leche de bajo contenido de grasa o descremada en vez de leche entera. En lugar de dulces con alto contenido de azúcar, coma paletas heladas de jugo, helado de yogur descremado o postre hecho con leche descremada.

El tener diabetes no significa que no puede consumir azúcar. Las personas con diabetes pueden consumir azúcar siempre que controlen cuidadosamente las calorías derivadas del azúcar como parte de una dieta saludable. Una dieta adecuada ayuda a mantener un peso saludable y niveles normales de glucosa en la sangre y de colesterol. Hable con su médico o profesional de la salud para que le recomiende una dieta que se adapte a su estilo de vida.

Ejercicio

El ejercicio mejora el estado físico general y reduce el riesgo de alta presión arterial, colesterol alto y diabetes. El ejercicio también mejora la capacidad del cuerpo de usar la glucosa como energía. Una buena combinación de dieta y ejercicio puede ayudarle a controlar mejor la diabetes. Pídale a su médico que le ayude a desarrollar un régimen personal de ejercicios.

Medición de la glucosa en la sangre

El objetivo de tratar la diabetes es asegurar que los niveles de glucosa en la sangre se mantengan dentro de los límites deseados, para evitar sus complicaciones. Uno de los medios más

importantes para controlar la diabetes es medir los niveles de glucosa en la sangre. Su médico le ayudará a determinar qué límites de glucosa son adecuados para usted. En las farmacias locales se venden distintos glucómetros (medidores de glucosa en la sangre), con los que podrá medir, registrar y llevar un control de estos niveles. Pregúntele a su médico o farmacéutico cuál es el glucómetro que mejor se adapta a su plan de tratamiento.

Hay varios aspectos importantes que debe considerar al usar un glucómetro:

- Pregunte a su médico o farmacéutico con qué frecuencia debe medir su nivel de glucosa en la sangre.
- Lea detenidamente las instrucciones del fabricante.
- Lave con agua y jabón el área donde se realizará la prueba para evitar infecciones.
- Si utiliza alcohol para limpiar el dedo, asegúrese de que el dedo esté completamente seco; el alcohol puede cambiar los resultados de la prueba de sangre.
- Alterne el área de la prueba según sea necesario para evitar que le produzca dolor. Pruebe usar el costado de la yema del dedo.
- Guarde las tiras para medir la glucosa en la sangre en un lugar fresco y seco.
- No utilice tiras vencidas.
- ¡Mantenga un registro de sus niveles! Lleve su registro a cada cita con su médico.

Llevar un registro de sus niveles de glucosa en la sangre puede ayudarle a mantener la diabetes bajo control. Su médico usará estos registros para determinar si es necesario hacer alguna modificación en su medicación. ¡Si mantiene los niveles dentro los límites deseados, tendrá más energía y se sentirá mejor! Además, reducirá las probabilidades de tener complicaciones a largo plazo si detecta cuando sus niveles de glucosa en la sangre están altos. Pregúntele a su médico o farmacéutico con qué frecuencia debe hacerse la prueba, a qué hora del día y qué hacer si tiene síntomas de hiperglucemia o hipoglucemia.

Hemoglobina A_{1C} (HbA_{1C})

Además de su propio control, los médicos a menudo usan una prueba llamada hemoglobina glucosilada o HbA_{1C} para evaluar el porcentaje de niveles de glucosa en la sangre de los últimos tres meses. El resultado normal de la prueba es de entre el 3 y el 7 por ciento; los resultados que están por encima del 7 por ciento pueden indicar niveles de glucosa no controlados en los últimos dos o tres meses. Los diabéticos deben hacerse una prueba de HbA_{1C} por lo menos dos veces al año.

Otros consejos para el control de la diabetes

Hay otros pasos clave para lograr una buena atención de la diabetes:

- Si está excedido de peso, hable con su médico sobre un programa adecuado para bajar de peso.
- Evite consumir alcohol.
- Hágase medir con regularidad la presión arterial y el colesterol.
- Vacúnese contra la gripe todos los años para mantenerse saludable.
- Hágase examinar la vista y el funcionamiento de los riñones todos los años.
- ¡Cuídese los pies! La diabetes puede afectar la circulación de la sangre a los pies. Eso significa que puede no sentir dolor si se lastima los pies o los dedos de los pies. Asegúrese de lavarse y examinarse los pies todos los días y aplique crema humectante sobre la piel seca. Límeselas uñas en vez de cortarlas. Elija el calzado cuidadosamente; trate de evitar los zapatos ajustados que pueden producir ampollas. En las personas diabéticas, cualquier lastimadura puede tardar más en cicatrizar y producir problemas serios.
- Pregúntele a su médico o farmacéutico qué debe hacer si se enferma (resfriado, gripe, etc.). Además, sus niveles de glucosa en la sangre pueden cambiar cuando está enfermo y tal vez sea necesario medirlos con mayor frecuencia.

- Evite consumir tabaco. Su médico puede ayudarlo a encontrar un programa para dejar de fumar que sea adecuado para usted.
- ¡Haga preguntas! La diabetes es una enfermedad compleja con complicaciones devastadoras. Consulte a su médico, enfermero o farmacéutico si tiene alguna duda. La educación es la clave para el éxito.

Medicamentos disponibles para la diabetes

Hay varios tipos de medicamentos disponibles para controlar los niveles de glucosa en la sangre. Dependiendo del tipo y la gravedad de la diabetes, su médico decidirá si lo adecuado en su caso es dieta y ejercicio, medicamentos orales, insulina o una combinación de estas formas de tratamiento.

Medicamentos orales

Los medicamentos orales actúan ayudando a aumentar la liberación de insulina del páncreas y/o ayudan a las células del cuerpo a convertir la glucosa en energía. Las sulfonilureas son un tipo de medicamento que se puede usar para la diabetes tipo 2. Entre los ejemplos de este tipo de medicamentos se incluyen Micronase®, Diabeta®, y su versión genérica gliburida; Glucotrol®, y su versión genérica glipizida; Glucotrol XL® y Amaryl®.

Glucophage® y su versión genérica metformina, son medicamentos que también se emplean para la diabetes tipo 2. Pueden resultar útiles por sí solos o en combinación con otros medicamentos orales o con insulina. Un nuevo medicamento llamado Glucovance™ es una combinación de Glucophage y gliburida. Precose®, Prandin®, Actos® y Avandia® son medicamentos más nuevos para la diabetes tipo 2. Su médico le recomendará los medicamentos adecuados.

Es extremadamente importante tomar sus medicamentos para la diabetes siguiendo las instrucciones de su médico. Consulte a su médico o farmacéutico sobre cualquier duda que tenga acerca de estos medicamentos orales.

Insulina

El tratamiento con insulina se emplea para tratar la diabetes tipo 1 y algunos casos de diabetes tipo 2. Las inyecciones de insulina se pueden aplicar una o varias veces al día, dependiendo del estilo de vida del paciente y de la dosis requerida.

Existen diferentes tipos de insulina disponibles: algunas actúan muy rápidamente, otras actúan con efecto prolongado y otras a diferentes intervalos de tiempo. Al mezclar dos tipos de insulina, siempre se debe colocar primero en la jeringa la insulina límpida (insulina regular o de acción rápida), seguida por la insulina turbia (insulina NPH o de acción prolongada). La insulina se aplica por inyección subcutánea (debajo de la piel) en el abdomen, el muslo, el brazo o las nalgas. Los pacientes deben cambiar el sitio de la inyección para evitar lesiones o sensibilidad.

Cuando se emplea insulina se debe seguir una dieta estricta. Administrarse insulina y no comer algo a los pocos minutos puede producir hipoglucemia y causarle malestar. Si recibe insulina quizás deba medir con mayor frecuencia su nivel de glucosa en la sangre, especialmente cuando esté enfermo o planea hacer ejercicio. Consulte a su médico o farmacéutico sobre la planificación de las comidas, la medición de la glucosa en la sangre y la forma segura de inyectarse la insulina.

Prevención de la diabetes

Los mismos consejos indicados para controlar la diabetes se aplican a su prevención. Seguir una dieta saludable y hacer ejercicio son elementos clave para prevenir la diabetes. El control del peso es muy importante, dado que la obesidad es un factor importante en el desarrollo de la diabetes tipo 2. También es importante identificar los factores de riesgo y hacerse la prueba de glucosa en la sangre con regularidad. Infórmese usted y a sus seres queridos acerca de los síntomas de la hiperglucemia y la hipoglucemia. Los síntomas de la diabetes a menudo pasan desapercibidos y al principio pueden no afectar sus actividades cotidianas. Un análisis de sangre

ayudará a su médico a determinar su riesgo de contraer la diabetes y facilitará la detección temprana de la enfermedad.

Conclusión

Si no se controla, la diabetes puede tener efectos graves sobre el cuerpo. La ceguera, la enfermedad cardíaca, la mala circulación y la insuficiencia renal son sólo algunos de los efectos devastadores que puede producir la diabetes. Sin embargo, existen pruebas y opciones de tratamiento eficaces para ayudar a identificar y controlar esta enfermedad. Infórmese usted y a sus seres queridos acerca de los factores de riesgo y los síntomas, y siga una dieta saludable y un programa de ejercicio. Estos son elementos fundamentales para prevenir la diabetes, o por lo menos para mantenerla bajo control y evitar complicaciones no deseadas.

Recursos

Las siguientes organizaciones pueden brindarle información adicional sobre la diabetes y su tratamiento:

- American Diabetes Association
[Asociación Norteamericana contra la Diabetes]
1660 Duke St.
Alexandria, VA 22314
www.diabetes.org
- Centers for Disease Control
Division of Diabetes
[Centros para el Control de las Enfermedades, División de la Diabetes]
1600 Clifton Rd., NE
Atlanta, GA 30333
www.cdc.gov/diabetes
- International Diabetes Federation
[Federación Internacional Contra la Diabetes]
1 rue Defacqz
B - 1000 Brussels
Bélgica

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3. www.diabetes.org/ada/facts.asp#costs
4. Ibid.
5. www.diabetes.org/ada/c20a.html
6. Ibid.
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Gestational Diabetes

You are 28 weeks pregnant. Your health care provider has just told you that you have gestational diabetes. Should you be concerned about gestational diabetes?

The short answer: yes. Good care means a lot for your health and your baby's health.

What is gestational diabetes?

Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes. Gestational diabetes affects about 4% of all pregnant women - about 135,000 cases of gestational diabetes in the United States each year.

We don't know what causes gestational diabetes, but we have some clues. The placenta supports the baby as it grows. Hormones from the placenta help the baby develop. But these hormones also block the action of the mother's insulin in her body. This problem is called insulin resistance. Insulin resistance makes it hard for the mother's body to use insulin. She may need up to three times as much insulin.

Gestational diabetes starts when your body is not able to make and use all the insulin it needs for pregnancy. Without enough insulin, glucose cannot leave the blood and be changed to energy. Glucose builds up in the blood to high levels. This is called hyperglycemia.

How gestational diabetes can affect your baby

Gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. Because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

However, untreated or poorly controlled gestational diabetes can hurt your baby. When you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. Although insulin does not cross the placenta, glucose and other nutrients do. So extra blood glucose goes through the placenta, giving the baby high blood glucose levels. This causes the baby's pancreas to make extra insulin to get rid of the blood glucose. Since the baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.

This can lead to macrosomia, or a "fat" baby. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth. Because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. Babies with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

Treating gestational diabetes

Because gestational diabetes can hurt you and your baby, you need to start treatment quickly. Treatment for gestational diabetes aims to keep blood glucose levels equal to those of pregnant women who don't have gestational diabetes. Treatment for gestational diabetes always includes special meal plans and scheduled physical activity. It may also include daily blood glucose testing and insulin injections. You will need help from your doctor, nurse educator, and other members of your health care team so that your treatment for gestational diabetes can be changed as needed.

For you as the mother-to-be, treatment for gestational diabetes helps lower the risk of a cesarean section birth that very large babies may require. Sticking with your treatment for gestational diabetes will give you a healthy pregnancy and birth, and may help your baby avoid future poor health.

Gestational diabetes – looking ahead

Gestational diabetes usually goes away after pregnancy. But once you've had gestational diabetes, your chances are 2 in 3 that it will return in future pregnancies. In a few women, however, pregnancy uncovers type 1 or type 2 diabetes. It is hard to tell whether these women have gestational diabetes or have just started showing their diabetes during pregnancy. These women will need to continue diabetes treatment after pregnancy.

Many women who have gestational diabetes go on to develop type 2 diabetes years later. There seems to be a link between the tendency to have gestational diabetes and type 2 diabetes. Gestational diabetes and type 2 diabetes both involve insulin resistance. Certain basic lifestyle changes may help prevent diabetes after gestational diabetes.

Losing weight

Are you more than 20% over your ideal body weight? Losing even a few pounds can help you avoid developing type 2 diabetes.

Making healthy food choices

Follow simple daily guidelines, like eating a variety of foods including fresh fruits and vegetables, limiting fat intake to 30% or less of daily calories, and watching your portion size. Healthy eating habits can go a long way in preventing diabetes and other health problems.

Exercising

Regular exercise allows your body to use glucose without extra insulin. This helps combat insulin resistance and is what makes exercise helpful to people with diabetes. Never start an exercise program without checking with your doctor first.

Keeping worry in perspective

While gestational diabetes is a cause for concern, the good news is that you and your health care team - your doctor, obstetrician, nurse educator, and dietitian - work together to lower your high blood glucose levels. And with this help, you can turn your concern into a healthy pregnancy for you, and a healthy start for your baby.

Source: <http://www.diabetes.org/gestational-diabetes.jsp>. Last accessed March 22, 2004.

Care Guidelines for People with Diabetes and a Personal Diabetes Health Card

The following two pages are useful tools to help you monitor your diabetes. The **Care Guidelines for People with Diabetes** includes:

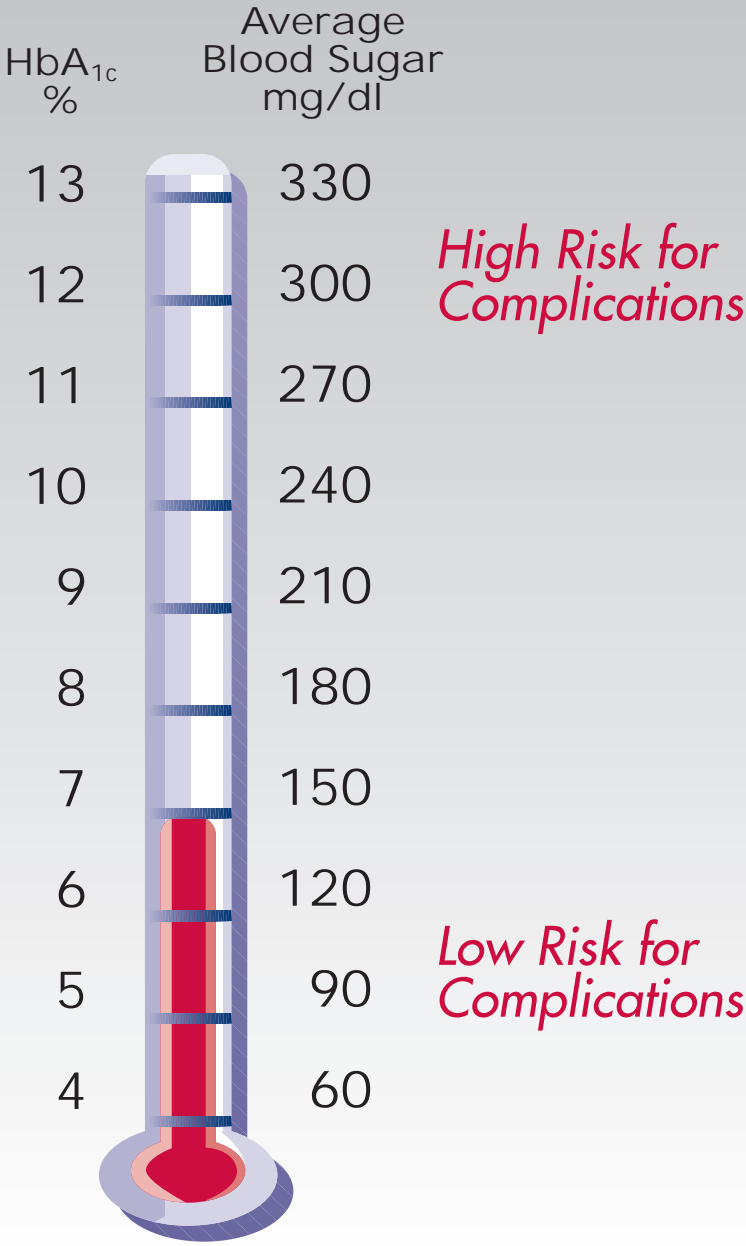
- A schedule of when you should have specific tests and exams,
- Specific topics you should discuss with your doctor, and
- A meter showing risks associated with blood sugar levels.











The **Care Guidelines for People with Diabetes** is an excellent item to place on the refrigerator or a bulletin board.

The **Personal Diabetes Health Card** is for you to carry at all times. It contains your medical information in case you have a diabetes-related incident. It contains emergency contact information for you, your doctor, and other health care providers. There is also space for you to record the names, dosages, and frequencies you should take your diabetes medications.

GUIDELINES FOR CARE FOR
PEOPLE WITH DIABETES

The Meter for Good Health



Tests and Exams	Insulin Using	Non-Insulin Using
 Hemoglobin A _{1c} (Measures average blood sugar for past 3 months)	Four times a year (Quarterly)	Two times a year (After control established)
 Foot Inspection By Doctor or Nurse	Each visit	Each visit
 Annual Foot Examination By Doctor or Nurse (Carville)	One time a year	One time a year
 Blood Pressure	Each visit	Each visit
 Dilated Eye Exam	One time a year	One time a year
 Lipid Profile (Cholesterol; HDL; LDL; Triglycerides)	One time a year for 3 years*	One time a year for 3 years*
 Kidney Function (Serum Creatinine - Microalbumin)	One time a year	One time a year
 Flu Shot - Vaccine	One time a year	One time a year
 Pneumonia Shot - Vaccine	Initial	Initial
 Talk to Your Doctor About		
Pre-pregnancy - Family Planning Counseling	As needed	As needed
Aspirin Therapy	Over 40 years	Over 40 years
Stopping Smoking	Each visit	Each visit
Your Healthcare Goals	Each visit	Each visit

* If normal after 3 years, further testing at the discretion of the physician.
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My Diabetes Health Care Team Information

Name	Phone
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(fold)

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Allergies:

- If I may be too low.
- If I am acting funny or cannot be awakened, my blood sugar
- If I can & will swallow, give me 4-6 ounces of a regular soft drink, fruit juice or other sugar source. If I do not recover in 10-15 minutes, call a physician or send me to an emergency room.
- If I cannot or will not swallow, do not put anything in my mouth; send me to an emergency room immediately.

I HAVE DIABETES



MY PERSONAL DIABETES HEALTH CARD

Name _____

Address _____

Phone # _____

In Case of Emergency, contact: _____

MY PERSONAL DIABETES HEALTH CARD

Take this card to ALL healthcare appointments. Write result of test or place a mark (X) to indicate completed.

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT/RESULT			
Hbg A1c	2-4x/yr	Discuss w/Dr.				
Foot Inspection	Each visit	Discuss w/Dr.				
Foot Exam (Carville)	1 x/yr	Discuss w/Dr.				
Blood Pressure	Each visit	Less than 130/85mm Hg				
Lipid Profile						
• Cholesterol	1 x/yr	Less than 200mg/dl				
• HDL (good)	1 x/yr	Greater than 45mg/dl				
• LDL (bad)	1 x/yr	Less than 100mg/dl				
• Triglycerides	1 x/yr	Less than 200mg/dl				
Kidney Function						
• Microalbuminuria	1 x/yr	Less than 30mcg/mg creatinine				
• Serum Creatinine	1 x/yr	Less than 1.2mg/dl women 1.5mg/dl men				
Weight	Each visit	Discuss w/Dr.				

*Blood sugar targets:
Fasting and premeal: _____ 2 hours after meal: _____ bedtime _____

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT			
Eye Exam (Dilated)	1 x/yr					
Flu Shot	1 x/yr					
Pneumonia Shot	Initial					
Stop Smoking Discussion	Each visit					
Pre-Pregnancy and Family Planning Counseling	As Needed					
Your Health Care Goals						
Date of Next Visit						

Diabetes Facts and Figures

General information and national estimates on diabetes in the United States, 2002

Prevalence of total diabetes in the United States, all ages, 2002

- **Total:** 18.2 million people - 6.3% of the population - have diabetes.
- **Diagnosed:** 13 million people
- **Undiagnosed:** 5.2 million people

Prevalence of total diabetes among people under 20 years of age, United States, 2002

- About 206,000 people under 20 years of age have diabetes. This represents 0.25% of all people in this age group.
- Approximately one in every 400 to 500 children and adolescents has type 1 diabetes.
- Clinic-based reports and regional studies indicate that type 2 diabetes is becoming more common among Native American/American Indian, African American, and Hispanic and Latino children and adolescents.

Prevalence of total diabetes among people aged 20 years or older, United States, 2002

- **Age 20 years or older:** 18 million. 8.7% of all people in this age group have diabetes.
- **Age 60 years or older:** 8.6 million. 18.3% of all people in this age group have diabetes.
- **Men:** 8.7 million. 8.7% of all men aged 20 years or older have diabetes.
- **Women:** 9.3 million. 8.7% of all women aged 20 years or older have diabetes.

Prevalence of total diabetes by race/ethnicity among people aged 20 years or older, United States, 2002

Non-Hispanic whites: 12.5 million. 8.4% of all non-Hispanic whites aged 20 years or older have diabetes.

Non-Hispanic blacks: 2.7 million. 11.4% of all non-Hispanic blacks aged 20 years or older have diabetes. On average, non-Hispanic blacks are 1.6 times more likely to have diabetes than non-Hispanic whites of similar age.

Hispanic/Latino Americans: 2 million. 8.2% of all Hispanic/Latino Americans aged 20 years or older have diabetes. On average, Hispanic/Latino Americans are 1.5 times more likely to have diabetes than non-Hispanic whites of similar age. Mexican Americans, the largest Hispanic/Latino subgroup, are more than twice as likely to have diabetes than non-Hispanic whites of similar age. Similarly, residents of Puerto Rico are 1.8 times more likely to have diagnosed diabetes than U.S. non-Hispanic whites. Sufficient data are not available to derive more specific current estimates for other Hispanic/Latino groups.

American Indians and Alaska Natives who receive care from the Indian Health Service (IHS):

107,775. 14.5% of American Indians and Alaska Natives aged 20 years or older receiving care from IHS have diabetes. At the regional level, diabetes is least common among Alaska Natives (6.8%) and most common among American Indians in the southeastern United States (27%). On average, American Indians and Alaska Natives are 2.2 times more likely to have diabetes than non-Hispanic whites of similar age.

Asian Americans and Native Hawaiian or other Pacific Islanders: In 2002, Native Hawaiians and Japanese and Filipino residents of Hawaii were approximately two times more likely to have diagnosed diabetes than white residents of Hawaii of similar age. Prevalence data for diabetes among other Pacific Islanders or Asian Americans are limited, but some groups within these populations are at increased risk for diabetes.

Incidence of diabetes, United States, 2002

New cases diagnosed per year: 1.3 million people aged 20 years or older.

Deaths among people with diabetes, United States, 2000

Diabetes was the sixth leading cause of death listed on U.S. death certificates in 2000. This is based on the 69,301 death certificates in which diabetes was listed as the underlying cause of death. Altogether, diabetes contributed to 213,062 deaths.

Diabetes is likely to be under reported as a cause of death because many decedents with diabetes do not have the disease entered on their death certificate. Studies have found that only about 35% to 40% have it listed anywhere on the certificate and only about 10% to 15% have it listed as the underlying cause of death.

Overall, the risk for death among people with diabetes is about 2 times that of people without diabetes.

Complications of diabetes in the United States

Heart disease and stroke

- Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- The risk for stroke is 2 to 4 times higher among people with diabetes.
- About 65% of deaths among people with diabetes are due to heart disease and stroke.

High blood pressure

- About 73% of adults with diabetes have blood pressure greater than or equal to 130/80 millimeters of mercury (mm Hg) or use prescription medications for hypertension.

Blindness

- Diabetes is the leading cause of new cases of blindness among adults 20-74 years old.
- Diabetic retinopathy causes from 12,000 to 24,000 new cases of blindness each year.

Kidney disease

- Diabetes is the leading cause of treated end-stage renal disease, accounting for 43% of new cases.
- In 2000, 41,046 people with diabetes began treatment for end-stage renal disease.
- In 2000, a total of 129,183 people with diabetes underwent dialysis or kidney transplantation.

Nervous system disease

- About 60% to 70% of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, and other nerve problems.
- Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.

Amputations

- More than 60% of nontraumatic lower-limb amputations in the United States occur among people with diabetes.
- From 2000 to 2001, about 82,000 nontraumatic lower-limb amputations were performed each year among people with diabetes.

Dental disease

- Periodontal or gum diseases are more common among people with diabetes than among people without diabetes. Among young adults, those with diabetes are often at twice the risk of those without diabetes.
- Almost one-third of people with diabetes have severe periodontal diseases with loss of attachment of the gums to the teeth measuring 5 millimeters or more.

Complications of pregnancy

- Poorly controlled diabetes before conception and during the first trimester of pregnancy can cause major birth defects in 5% to 10% of pregnancies and spontaneous abortions in 15% to 20% of pregnancies.
- Poorly controlled diabetes during the second and third trimesters of pregnancy can result in excessively large babies, posing a risk to the mother and the child.

Other complications

- Uncontrolled diabetes often leads to biochemical imbalances that can cause acute life-threatening events, such as diabetic ketoacidosis and hyperosmolar (nonketotic) coma.
- People with diabetes are more susceptible to many other illnesses and, once they acquire these illnesses, often have worse prognoses than people without diabetes. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes.

Cost of diabetes in the United States, 2002

- Total (direct and indirect): \$132 billion
- Direct medical costs: \$92 billion
- Indirect costs: \$40 billion (disability, work loss, premature mortality)

Source: <http://www.diabetes.org/diabetes-statistics/national-diabetes-fact-sheet.jsp>. Last accessed March 22, 2004.

Diabetes and Depression

Managing diabetes isn't easy. There may be days when you just don't feel like doing the things you need to do to stay healthy. It's normal to feel this way sometimes, but if the feelings don't go away, you might be depressed. Researchers have found that

20-30% of people with diabetes suffer from depression. Although the reason for this has not yet been determined, it is important to be aware that it is not unusual for some people with diabetes to be depressed.

What is depression?

Depression is a disease that involves the body, moods, and thoughts. It may affect the way you eat or sleep, the way you feel about yourself, and the way you look at things.

Look at the signs of depression in the box at the right. If you have any of these symptoms, call your doctor. Feeling tired, irritable or experiencing a change in appetite or sleep could be caused by physical problems related to diabetes, such as high or low blood sugar levels. But these symptoms could also mean that you are depressed.

Depression is not the same as a passing blue mood. It is not a sign of a personal weakness or something you can just "will" away. People who are depressed cannot simply "snap out of it." Without treatment, symptoms can last weeks, months, even years. Appropriate treatment, however, can help most people who suffer from depression.

If no physical problems related to diabetes or other illnesses are found that are causing these symptoms, an evaluation can determine if treatment for depression is needed. Your doctor may conduct the treatment or may refer you to an area mental health professional.

How Will I Know If I'm Depressed?

Signs of depression include:

- *Feeling very sad or blue for two weeks or more.*
- *Difficulty concentrating or making decisions.*
- *Loss of pleasure in doing things you used to enjoy.*
- *Feeling tired all the time.*
- *Loss of appetite or increase in appetite.*
- *Losing weight or gaining weight.*
- *Difficulty falling asleep, waking up often during the night, wanting to sleep more than usual.*
- *Feeling irritable, guilty, hopeless, or worrying a lot.*
- *Thoughts about death or suicide. (If you are experiencing this symptom, seek immediate help.)*

What causes depression?

An exact cause of depression can rarely be determined. Some types of depression run in families, suggesting that depression can be inherited. However, many people without any family history of depression become depressed. Additional factors --such as stresses at home, work, or school--often trigger depressive symptoms. Serious losses such as the death of a loved one, a divorce, and financial setbacks can result in a depressive episode. The effect of stress on mood may be a primary factor in why persons with diabetes and other chronic illnesses have higher rates of depression than the general public. The additional responsibilities of taking care of yourself and having to deal with restrictions caused by illness can take a heavy toll on people with diabetes that may result in depressive symptoms.

There is hope.

Remember: There is effective treatment for depression. Many people experiencing depression have been helped by mental health professionals using different forms of psychotherapy or “talk therapy.” Cognitive Behavioral Therapy, for example, corrects negative thoughts and actions in order to lift your mood.

Taking antidepressant medication is another effective treatment that may be recommended. For most people, a combination of therapy and medication is the most effective approach. Treatment will be individualized to meet your specific needs and symptoms.

If the doctor says I’m depressed, what can I do about it?

Follow the suggestions of your doctor and your mental health professional. Attend your appointments and take medication as prescribed. Let your doctor know how the medication is working or if you are having any side effects.

If you are depressed, it is especially important to take good physical care of yourself. Often people who are depressed feel apathetic or find it difficult to have the energy to do what needs to be done to take care of themselves. If you learn that you have both diabetes and depression be sure to do the following:

- Eat right.
- Keep your appointments with your doctors and mental health professionals.
- Follow the directions of your doctor and your mental health professionals.
- Take diabetes and depression medications as directed.
 - Remember: it usually takes several weeks before you will start to feel the effect of an anti-depressant. This is normal. Sticking with it will pay off.
 - Report side effects to your doctor.
 - Even if you feel better, continue taking your medications until you can discuss changing them or discontinuing them with your doctor.
- Allow your doctor and your mental health professional to talk to each other to improve your care.
- Check blood sugar regularly.
- Get the right amount of exercise.
- Learn all you can about depression and diabetes.

For more information about diabetes and depression, ask your doctor or contact:

- American Diabetes Association (1-800-DIABETES or www.diabetes.org)
- National Mental Health Association (1-800-969-NMHA or www.nmha.org)
- National Depression Screening Day (1-781-239-0071 or www.mentalhealthscreening.org)
- National Alliance for the Mentally Ill (NAMI) (1-800-950-NAMI or www.nami.org)

Source: United Behavioral Health. May 3, 2004.

To learn more about your behavioral health benefit and the Employee Assistance Program, see the **United Behavioral Health Members’ Diabetes Resources** and **Employee Assistance Program Diabetes Resources** sections later in this document.

CIGNA Members' Diabetes Resources

CIGNA Diabetes Supplies

Coverage will be provided through your CIGNA medical benefit for the following medically necessary supplies, devices, and appliances prescribed by a health care provider for the treatment of diabetes:

- Test strips for glucose monitors and visual reading and urine testing strips;
- Insulin preparations;
- Glucagon;
- Insulin cartridges and insulin cartridges for the legally blind (available from CIGNA's durable medical equipment provider when medically necessary);
- Syringes and lancets (including automatic lancing devices);
- Oral agents for controlling blood sugar that are included on the CIGNA Formulary;
- Blood glucose monitors and blood glucose monitors for the legally blind;
- and injection aids;
- To the extent coverage is required under Medicare, podiatric appliances for prevention of complications associated with diabetes; and any other device, medication, equipment or supply for which coverage is required under Medicare.

Arch supports are an example of a podiatric appliance.

A \$10 copay applies per item/prescription and these items are only available from CIGNA Medical Group Pharmacies.

NOTE: See the 'Walgreens Health Initiatives Diabetes Resources' section if you choose to receive your diabetic supplies using your pharmacy benefit.

CIGNA Custom Foot Orthotics

Custom foot orthotics for diabetics are only covered as follows:

- For Members with impaired peripheral sensation and/or altered peripheral circulation (e.g. diabetic neuropathy and peripheral vascular disease).
- When the foot orthotic is for use as a replacement or substitute for missing parts of the foot (e.g. amputation) and is necessary for the alleviation or correction of illness, injury, or congenital defect.
- For Members with neurologic or neuromuscular condition (e.g. cerebral palsy, hemiplegia, spina bifida) producing spasticity, malalignment, or pathological positions of the foot and there is reasonable expectation of improvement.

Orthotic shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications, and transfers are not covered. Arch supports are an example of a custom foot orthotics.

HMO and POS (In-Network)

There is no charge for foot orthotics when diabetes is the diagnosis, up to a \$1,000 maximum. (The cost is usually in the \$300 range.) Foot orthotics are available through CIGNA's contracted provider, Hangar Prosthetics, with a prescription from your PCP or specialist.

You should see your PCP or specialist to discuss your specific issues. The physician will then determine the medical necessity for the orthotic and, if medically necessary, write a prescription and/or contact Hangar to set up an appointment for you, or you can call and set up your own appointment.

There is no coverage for foot orthotics if you go Out-of-Network on the POS plan. There is no Out-of-Network coverage with the HMO.

PPO

In-Network services are subject to the deductible and then paid at 80% with a \$1,000 maximum. Out-of-Network services are subject to the deductible and then are paid at 60% of the Reasonable and Customary cost, with a \$1,000 maximum.

You must have the orthotic made by Hangar. However, the orthotic can be prescribed by your choice of PCP or Specialist In-Network or Out-of-Network.

CIGNA Diabetes Education

Members with diabetes are welcome to participate in CIGNA health education classes for the topics below. Classes are held at several convenient locations throughout the Valley. Pre-registration is required.

To find a convenient location and/or register for any of these classes call 623-876-2355 between 8:00 a.m. and 5:00 p.m. MST, Monday through Friday.

- **Diabetes Preview:** If you have just been diagnosed with Type 2 diabetes and need more information right now, this class is for you.
- **Meter Class:** Learn how to monitor your blood sugar.
- **Diabetes Education Program:** This class is an extensive, personalized program. After an initial assessment by a staff member, you will attend a series of two-hour classes, for five consecutive weeks, addressing essential issues in diabetes management. Family members are encouraged to attend. Certified Diabetes Educators conduct all sessions.
- **Follow-up Assessment:** Upon completion of the Diabetes Education Program, you may schedule one-on-one follow-up visits to address your individual needs regarding diabetes management or attend a group follow-up meeting.

The cost per class varies from \$10 to \$25. A fee schedule is available showing the cost of the class, as well as any costs that may be associated with materials. To obtain a fee schedule, contact CIGNA at 623-876-2355.

Many classes fill up quickly, so early registration is encouraged. A minimum number of participants are needed in order to hold the class. CIGNA reserves the right to cancel classes not meeting this requirement.

CIGNA Nutritional Evaluation

CIGNA HMO and POS plans offer nutritional evaluation and counseling from a Participating Provider when diet is a part of the medical management of a documented organic disease, such as diabetes. You must have a referral from your PCP. The charge is based on place of service and in most cases is the specialist copay. You will be referred to a nutritionist located in one of the CIGNA Medical Group (CMG) facilities for a private consultation.

CIGNA Dilated Retinal Eye Exam

People with diabetes should get a **dilated retinal eye exam** at least once a year by an eye care professional (ophthalmologist or optometrist). CIGNA recommends those with diabetes talk to their PCP for more information regarding retinal eye exams. A PCP referral is required to see a retinal specialist. Make sure you ask for a **dilated retinal eye exam** when scheduling your specialist appointment. Your PCP will direct you to a location for services – probably one of the CIGNA Vision Care Centers below. If you do not get a referral, the services will not be covered.

Refraction, or vision correction, is not covered as part of the diabetes retinal eye exam through CIGNA. See your Avesis Vision Care Plan for information on vision correction.

CIGNA Medical Group Locations - Vision Care

(This listing is for your convenience only. You can only go to these facilities for a dilated retinal eye exam with a PCP referral.)

C.J. Harris Health Care Center
1920 E. Baseline Rd.
Tempe, AZ 85283
480-345-5000

Chandler Health Care Center
1717 W. Chandler Blvd.
Chandler, AZ 85224
480-821-7565

Clyde Wright Health Care Center
755 E. McDowell Rd.
Phoenix, AZ 85006
602-271-5111

North Valley Health Care Center
710 W. Bell Rd.
Phoenix, AZ 85023
602-588-3800

Paradise Valley Health Care Center
Advantage Hearing/Visions
(off-site location)
13843 N. Tatum Blvd.
Phoenix, AZ 85032
602-494-5500

Paseo Health Care Center
Visions at Thunderbird
(off-site location)
4141 W. Thunderbird Rd.
Phoenix, AZ 85053
602-588-6600

Stapley Health Care Center
1111 S. Stapley Dr.
Mesa, AZ 85204
480-464-8500

Sun City Health Care Center
13041 N Del Webb Blvd.
Sun City, AZ 85351
623-977-7201

Westridge Health Care Center
2302 N. 75th Ave.
Phoenix, AZ 85035
623-849-7500

CIGNA 24-Hour Health Information Line

Helpful, health information by telephone. Anywhere, anytime.

Listen to recorded programs related to diabetes.

Simply call 1-800-564-8982 and enter the appropriate subject code. Diabetes topics include:

- 4653: Diabetes Awareness Quiz
- 7817: Diabetes – Adult Onset
- 7724: Diabetes in Children
- 4391: Diabetes And Exercise
- 4392: Diabetes And Illness
- 4393: Diabetes – Type I
- 4394: Diabetes – Type II
- 4395: Hyperglycemia

- 4396: Hypoglycemia (Insulin Shock)
- 4397: Nutrition Tips For Diabetics
- 4398: What Is Diabetes?
- 7131: Gestational Diabetes

Well Aware: Diabetes Program

Understanding diabetes—and how it affects your overall health—is vital to preventive care. When you properly monitor and manage your condition, you can help reduce your risk for related complications. **CIGNA Well Aware for Better HealthSM** supports your doctor's treatment plan by helping you:

- Learn to monitor and manage your condition;
- Become vigilant about preventive steps;
- Make important lifestyle changes, such as modifying your diet and sticking with a safe, regular exercise plan;
- Reduce your risk of complications, such as severe infection and vision problems.

Get the personalized support you deserve!

The Well Aware diabetes program was developed using nationally recognized resources, such as the American Diabetes Association. It is updated to reflect the most current research and practices to be clinically effective.

This strong foundation enables the Well Aware diabetes program to work with you and your doctor to provide you with personalized support, including:

- Access to a personal, experienced registered nurse to call for guidance and support;
- *Diabetes Outlook*, an informative newsletter;
- Educational mailings;
- A personal workbook to keep important medical dates, a record of symptoms and self-care guidelines;
- Reminders of important screenings, tests and exams, including Hemoglobin A1C tests, cholesterol screenings, retinal eye exams and foot exams.

Take an [online preview](#) of some of these tools and tips. For more information or to find out if you qualify, call the appropriate toll-free telephone number below.

- HMO or Point-of-Service (POS) members call 1-800-249-6512.
- PPO members call 1-877-888-3091.

Additional CIGNA Information

For a more information on CIGNA services visit www.cigna.com or www.mycigna.com.

HealthSelect Members' Diabetes Resources

HealthSelect Supplies and Services

The following medically necessary diabetic supplies are available through your HealthSelect medical plan when ordered by your PCP or specialist for the treatment of diabetes. These supplies are available through your Walgreens Health Initiatives participating pharmacies, Walgreens Healthcare Plus (WHI's mail service pharmacy), or your HealthSelect durable medical equipment provider, Walgreens Home Care. Walgreens Home Care is a separate business unit of Walgreens Health Initiatives.

- Test strips for glucose monitors and visual reading strips;
- Formulary insulin preparations;
- Oral agents for controlling blood sugar that are included on the HealthSelect formulary;
- Blood glucose monitors and blood glucose monitors for the visually impaired are available when medically necessary;
- Syringes and lancets;
- Foot Orthotics: Arch supports are not covered. Custom shoes may be approved through Walgreens Home Care with prior authorization.

NOTE: Non-formulary medication requests may be authorized with medical documentation using Walgreens Health Initiatives prior authorization at 1-877-665-6609, Monday through Friday, 8:00 AM - 8:00 PM, CST. When you request prior authorization, you will need the name of the medication; the prescribing physician's name, phone number (and fax number, if available); your WHI identification number, and your group number, which is 512229.

Nutritional Evaluations are also available with a referral from your PCP. You will be referred to a dietitian at Maricopa Medical Center.

Retinal Eye Exams are covered through a HealthSelect contracted retinal specialist with a referral from your PCP.

You can call member services at 1-800-244-6224 with questions regarding diabetic services. Additionally, for questions regarding diabetic supplies, call either WHI Member Services at 1-800-207-2588 or Walgreens Home Care at 602-426-1490.

HealthSelect Diabetes Education

Health Education classes regarding **Diabetes Education** presented by Maricopa Medical Center or non-profit health agencies and institutions in Maricopa County are covered by HealthSelect. You must pay any fees for the program.

HealthSelect will reimburse you for the registration fees up to \$30, less your \$5 copayment, upon proof of payment and successful completion of the class(es). See 'How it works' in the HealthSelect Wellness Incentive Awards section that follows for reimbursement details.

24-Hour Health Information Line

Helpful, health information by telephone. Anywhere, anytime.

Listen to recorded programs related to diabetes.

Simply call 1-800-564-8982 and enter the appropriate subject code. Diabetes topics include:

- 4653: Diabetes Awareness Quiz
- 7817: Diabetes – Adult Onset
- 7724: Diabetes in Children
- 4391: Diabetes And Exercise
- 4392: Diabetes And Illness
- 4393: Diabetes – Type I
- 4394: Diabetes – Type II
- 4395: Hyperglycemia
- 4396: Hypoglycemia (Insulin Shock)
- 4397: Nutrition Tips For Diabetics
- 4398: What Is Diabetes?
- 7131: Gestational Diabetes

Well Aware: Diabetes Program

Understanding diabetes—and how it affects your overall health—is vital to preventive care. When you properly monitor and manage your condition, you can help reduce your risk for related complications.

Well Aware for Better HealthSM supports your doctor's treatment plan by helping you:

- Learn to monitor and manage your condition;
- Become vigilant about preventive steps;
- Make important lifestyle changes, such as modifying your diet and sticking with a safe, regular exercise plan;
- Reduce your risk of complications, such as severe infection and vision problems.

Get the personalized support you deserve!

The Well Aware diabetes program was developed using nationally recognized resources, such as the American Diabetes Association. It is updated to reflect the most current research and practices to be clinically effective.

This strong foundation enables us to work with you and your doctor to provide you with personalized support, including:

- Access to a personal, experienced registered nurse to call for guidance and support;
- *Diabetes Outlook*, an informative newsletter;
- Educational mailings;
- A personal workbook to keep important medical dates, a record of symptoms and self-care guidelines;
- Reminders of important screenings, tests and exams, including Hemoglobin A1C tests, cholesterol screenings, retinal eye exams and foot exams.

For more information or to find out if you qualify, call 1-800-249-6512 toll-free and identify yourself as a HealthSelect member. Take an [online preview](#) of some of these tools and tips.

NOTE: The 24-Hour Health Information Line and Well Aware diabetes program are administered by CIGNA and are available for use by HealthSelect members.

HealthSelect Wellness Incentive Awards

If you have a specific health condition (asthma, **diabetes**, etc.) or wish to stop smoking, you can attend a health education class or a smoking cessation program to improve your health status. The class(es) can be sponsored by a Maricopa County/MIHS entity or a non-profit agency. Members who successfully complete the class(es) are eligible to receive a \$30 incentive award.

How it works:

Have the class presenter fill out the information on the Health Education Certificate, including his/her name and start and end dates of the class. When the certificate is completed, submit to Employee Health Initiatives Division. Once the information has been verified with the agency/presenter of the class, your \$30 incentive will be processed.

If you have any questions about the HealthSelect Wellness Incentive Program, please call the Employee Health Initiatives Division at 602-506-1010. The address is 301 West Jefferson St., Suite 201, Phoenix AZ 85003.

A Health Education/Wellness Certificate is on the following page.

Glucose Monitors for HealthSelect Members

If you have diabetes, and if you call your durable medical equipment provider, Walgreens Home Care, to order additional supplies for your glucose monitor, you will be (or may already have been) mailed a new monitor to replace the current one that was supplied by Maricopa Integrated Health System (MIHS) Health Plan.

A new glucose monitor and a three-month supply of testing strips will be supplied to you at no cost. You may continue to use the glucose monitor and strips you already have until the strips are gone. All new strips will be for the Walgreen's monitor.

If you do have any questions or concerns, please call the Durable Medical Equipment Customer Service department of Walgreens Home Care at 602-426-1490, Monday through Friday, from 8:00 a.m. to 6:00 p.m. MST.



2004 Wellness Activities Certificate of Completion

MEMBER: Please insure that information below is accurate. Information will be verified with the applicable physician's office, wellness educator, or non-profit smoking cessation agency.

HealthSelect Member Name			Member I.D. Number
Member Address	City/State	Zip	Phone Number
Name of Physician			Phone Number

PHYSICIAN: Please sign and date to certify member's completion of the wellness activities.

Pap smear test for women age 18 and older

Signature of Physician or X-ray Technician	Date of Procedure
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Mammogram for women age 40 and older

Signature of Physician or X-ray Technician	Date of Procedure
--	-------------------

Annual physical exam for men age 40 and older

Signature of Physician or X-ray Technician	Date of Procedure
--	-------------------

HEALTH EDUCATOR OR SMOKING CESSATION COORDINATOR (MIHS OR NON-PROFIT AGENCY): Complete the information below to confirm Member's successful class completion. Class must address Member's health status (family members who attend for support are not eligible for an incentive).

Agency Name/Signature	Contact Name/Phone #	Date Program Completed
-----------------------	----------------------	------------------------

SUBMIT THIS COMPLETED CERTIFICATE TO:

Employee Health Initiatives Division
Benefits Office
301 West Jefferson St., Suite 201
Phoenix, AZ 85003

Once the submitted information has been verified, you are eligible for a \$30 gift certificate for each of the wellness activities documented.

You may receive additional forms by contacting the Employee Health Initiatives Division at 602-506-1010

Walgreens Health Initiatives (WHI) Members' Diabetes Resources

Covered Items

The following items are covered by Walgreens Health Initiatives participating pharmacies or by Walgreens Healthcare Plus (WHI's mail service pharmacy) if you are a CIGNA or HealthSelect member. You must use the Maricopa County prescription program administered by WHI.

- **Insulin and diabetic medications and supplies** such as blood glucose monitors, test strips, disposable insulin syringes, lancets (including automatic lancing devices), glucagon, prescribed oral agents for controlling blood sugar, and any of the devices listed above that are needed due to being visually impaired or legally blind.

NOTE: Medically necessary insulin pumps and cartridges are available through your CIGNA or HealthSelect durable medical equipment provider. Please call the Member Services phone number on the back of your medical ID card for more information on durable medical equipment.

Walgreens Healthcare Plus Mail Service Pharmacy

Save Time, Save Money

If you haven't been using **Walgreens Healthcare Plus, WHI's Mail Service Pharmacy**, maybe it's time to *check it out!*

Walgreens Healthcare Plus conveniently delivers your covered maintenance medications right to your home or other specified address, as well as provide savings and great services.

For example, you can:

- Order your covered prescriptions for chronic or long-term health conditions, such as high blood pressure or diabetes.
- Request up to a 90-day supply of maintenance medications.
- Take advantage of toll-free one-on-one pharmacist consultations and multilingual customer service representatives who can answer your questions.
- Charge your medication order to your VISA, MasterCard, American Express, or Discover account. Payment by personal check also is accepted. (Payment is required at the time you place your order.)

Rx Order Status Emails

Walgreens Healthcare Plus, WHI's Mail Service Pharmacy, offers a convenient way to keep you informed about your mail service prescription order: Rx Order Status Emails. Just give Walgreens Healthcare Plus your email address, and they will automatically send you an email to let you know when they have received and shipped your order. Walgreens Healthcare Plus even identifies which service is being used for shipping: U.S. mail, Federal Express, or UPS.

Take advantage of this convenient service by calling in your email address to the toll-free Customer Service number: 1-800-345-1985. Or, if you prefer, simply complete the Online Registration Update Form on the website. (Go to www.mywhi.com, and click "Mail Service Forms." On the next screen, select "Online Registration Update Form.")

Prescriptions ordered through the web site or touch-tone system typically ship either the day the order is received or the following day. Both options are available 24 hours a day.

Shipping Information

Walgreens Healthcare Plus is committed to shipping every prescription order according to the medication's needs, as well as applicable legal requirements. WHI evaluates appropriate packaging and shipping methods with these considerations in mind: container size, the type of medication, and any specific handling requirements for that medication.

Any medications that require refrigeration are shipped in cold packs per the manufacturer's requirements or according to the following Walgreens Healthcare Plus specifications:

- From May 1 through September 30, insulin and other temperature-sensitive medications are shipped in cold pack to all customers
- During the rest of the year, WHI continues to cold pack for warmer climates (for example, Arizona and California) as determined by specific ZIP codes.

A **Walgreens Healthcare Plus Registration & Prescription Order Form** is on the next page. Both CIGNA and HealthSelect members can use this 2-page form. Print additional copies of the second page to register additional dependents.

Diabetes Insulin Storage

If you have diabetes and insulin is part of your daily self-care program, storing it the right way can make a big difference in managing your disease and avoiding its complications, as well as helping you conserve valuable healthcare dollars. As with any medication, proper storage helps ensure both its safety and efficacy and that you get the most benefit from your medication.

Whether you're a diabetes patient or caregiver, remember these storage basics:

- Always store your insulin in your refrigerator until it is time to open the bottle.
- After it has been opened, refrigerate your insulin based on directions from your pharmacist or physician.
- If you store your opened insulin at room temperature, make sure to keep it out of direct sunlight or heat. Please refer to your pharmacist, physician, or the package label to see how long you may store it at room temperature.

If you ever have any questions about whether your insulin is good to use, talk with your healthcare provider, pharmacist, or certified diabetes educator.

Walgreens Diabetes Resources Center with Mayo Clinic Health Information

- <http://www.walgreens.com/library/diabetes/default.jhtml>



1 1 8

Walgreens

Healthcare Plus

REGISTRATION & PRESCRIPTION ORDER FORM

MEMBER INFORMATION (REQUIRED)

Primary Cardholder Name: _____
 First Middle Initial Last

Address: _____
 Street (do not use P.O. Box) Suite or Apt # City State Zip

(

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)

--	--	--	--	--	--

Daytime Phone

(

--	--	--

)

--	--	--	--	--	--

Evening Phone

Date of Birth: / /

Female: ☐ Male: ☐ Email Address: _____
Optional

Doctor's Name: _____

First Last

Dr.'s Phone: _____

- ☐ Patient needs snap-on caps
- ☐ Patient needs Spanish vial labels

Allergies:

- ☐ 32-Codeine ☐ 87-Sulfa ☐ 70-Penicillin ☐ 93-Tetracycline ☐ No known allergies
- ☐ Other (list): _____

Health Conditions:

- ☐ 200-Diabetes ☐ 300-Hypertension ☐ 400-Heart Disease ☐ 500-Glaucoma
☐ 600-Stomach Disorders ☐ 700-Thyroid Disease ☐ 800-Arthritis ☐ No known health conditions
☐ Other (list):

EMPLOYER AND PRESCRIPTION COVERAGE INFORMATION

Prescription Benefit Provider/
Pharmacy Drug Insurance:

Your Employer Name: ☐ Active ☐ Retiree

Member ID Number (from ID Card):

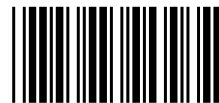
Group Number:

Please Note: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan. Thank you for your order.

Please allow two weeks for delivery.



Please complete both pages ➡



1 1 9

DEPENDENT INFORMATION (Print additional pages if you have coverage for multiple dependents)

Be sure to complete Member Information section

Dependent Name: _____
First Middle Initial LastAddress: _____
Street (do not use P.O. Box) Suite or Apt # City State Zip() _____
Daytime Phone() _____
Evening PhoneDate of Birth: _____
MM DD YYYYFemale: ☐ Male: ☐ Email Address: _____
Optional

Relationship to Cardholder: _____

- ☐
- Patient needs snap-on caps
-
- ☐
- Patient needs Spanish vial labels

Allergies:

- ☐
- 32-Codeine
- ☐
- 87-Sulfa
- ☐
- 70-Penicillin
- ☐
- 93-Tetracycline
- ☐
- No known allergies
-
- ☐
- Other (list): _____

Health Conditions:

- ☐
- 200-Diabetes
- ☐
- 300-Hypertension
- ☐
- 400-Heart Disease
- ☐
- 500-Glaucoma
-
- ☐
- 600-Stomach Disorders
- ☐
- 700-Thyroid Disease
- ☐
- 800-Arthritis
- ☐
- No known health conditions
-
- ☐
- Other (list): _____

CREDIT CARD INFORMATIONCredit Card Number: _____
(Visa, MasterCard, Discover)Credit Card Number: _____
(American Express)Name as it appears on card: _____
First Middle Initial LastExpiration Date: _____ Signature: _____
MM DD YYYY

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call Customer Service at 1-800-345-1985 to advise.

Simply mail your original prescription and this form along with your credit card information or check made payable to:

Walgreens Healthcare Plus, P.O. Box 29061, Phoenix, AZ 85038-9061**Customer Service: 1-800-345-1985** (TTY for hearing impaired: 1-800-573-1833)**Refills by Phone: 1-800-RX-REFILL (1-800-797-3345)** (en español: 1-800-778-5427)**Internet: www.walgreensmail.com**

United Behavioral Health (UBH) Members' Diabetes Resources

For the treatment of depression, you may use your behavioral health coverage, which is provided to all Maricopa County employees and their covered dependents who are enrolled in either HealthSelect or CIGNA medical plans.

Provided in the table below is a summary of your benefits. It is important for you to understand that in-network benefits are payable only if each service is determined to be medically necessary and is approved by UBH before you start treatment. Please contact United Behavioral Health at 1-866-312-3078 for prior authorization. Out-of-network services do not require prior approval, however out-of-network services are limited to outpatient therapy and the benefit is limited to \$25 of the provider's charges.

United Behavioral Health Benefits at a Glance

	In-Network	Out-of-Network
Deductible	None	None
Inpatient Hospital Care, 30 days per year	\$25/day copayment	Not Covered
Intensive Outpatient Program	\$100 copayment per program	Not Covered
Outpatient Individual Therapy Visits (in-network and out-of-network visit limit is combined. 30 visits per year)	\$10/visit copayment	Benefit pays \$25 per visit; you pay the balance of the charges
Outpatient Group therapy visit (in-network and out-of-network visit limit is combined. 60 visits per year)	\$5/visit copayment	Benefit pays \$25 per visit; you pay the balance of the charges
Residential Treatment, 60 days per year	\$12.50/ day copayment	Not covered
Behavioral Health/Substance Abuse Lifetime Maximum	Unlimited	\$5,000,000

For more information regarding your behavioral health plan or to obtain prior authorization or to find participating providers, please contact the UBH Member Service Department at 1-866-312-3078. They are accessible 24 hours per day, 7 days per week.

In addition, Member Services can assist you with the many services you will find when you visit the UBH website www.liveandworkwell.com. This website contains information and resources to maximize your well being. Find interactive self-improvement programs, download health and wellness articles, participate in online chats with experts, search for community resources, and find out about free legal services and discounts, and free financial consultations with certified financial planners. The access code to this website is **12488**.

Employee Assistance Program Diabetes Resources

Another option for dealing with depression is the Employee Assistance Program (EAP) provided by **ComPsych Guidance Resources**. The EAP is an employer-paid benefit that provides short-term counseling for both personal and work-related issues for you and your dependents regardless if you and/or your dependents are eligible for other benefits or waive your medical coverage. There is no premium or copayment charged to you to use this service.

The behavioral health benefit offered through United Behavioral Health is similar to your EAP benefit. In fact, UBH and ComPsych work together to ensure that you receive the most appropriate care. Since the EAP is offered to you with no copayment, you may want to consider contacting them first for your short-term needs to minimize your out-of-pocket costs. ComPsych will refer you to your behavioral health provider, United Behavioral Health, if appropriate.

Your EAP benefit provides 1-8 individual counseling sessions for you and your dependents per person, per problem, per year. You may use six of the eight sessions during work hours (with the prior approval/coordination of your supervisor) without using FML or PTO.

To make an appointment, call ComPsych Guidance Resources at **1-888-355-5385** – 24 hours a day, 7 days a week. You can expect to obtain an appointment within 5-7 business days. You can also access legal, financial advisement and information on mental health topics at the ComPsych website at www.guidanceresources.com. The Maricopa County identification code is **MC2003**.

Avesis Vision Plan: Dilated Retinal Eye Exam

As previously discussed, people with diabetes should have a **dilated retinal eye exam** at least once a year by an eye care professional (ophthalmologist or optometrist). This exam can be performed at the same time as your routine annual eye exam for refraction (vision correction). If determined to be medically necessary, the dilated retinal eye exam is free of charge when performed using your vision benefit. (If you already have a diagnosis of diabetes, it will be medically necessary.) Make sure you ask to have a dilated retinal eye exam when you see the doctor and inform him or her you have diabetes.

Call Avesis Customer Service at 1-800-828-9341 to find a convenient provider in your area so you may schedule an exam. When you call, please identify yourself as a Maricopa County employee with **Plan 943**. Customer service representatives can also answer questions about your vision care plan.

Your Avesis vision care plan does not cover medical or surgical treatment for eye disease or eye injury. Contact your medical plan to obtain the appropriate referral to a contracted ophthalmologist.

Diabetes Internet Links

- American Diabetes Association (ADA): <http://www.diabetes.org>
 - ADA Risk Test
 - ADA Weekly E-Newsletter
- Journal of the American Diabetes Association: <http://diabetes.diabetesjournals.org/>
- National Center for Chronic Disease Prevention and Health Promotion: Diabetes Public Health Resource: <http://www.cdc.gov/diabetes/>
- WebMD: Diabetes: <http://www.diabetes.com>
- Children with Diabetes: The on-line community for kids, families and adults with diabetes: <http://www.childrenwithdiabetes.com>
- Walgreens Diabetes Resource Center with Mayo Clinic Health Information: <http://www.walgreens.com/library/diabetes/default.jhtml>

There are many more websites devoted to diabetes. Simply go to your preferred search engine and type in 'diabetes' for a list.